

Civil Action No. 1:25-cv-01529

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* U.S. Department of Agriculture
 was received by me on *(date)* 2/25/2025 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: I mailed a copy of the summons and complaint for the U.S. Department of Agriculture by USPS certified mail to the Attorney General of the United States on 2/26/2025. Please see the attached USPS receipt and return receipt which show that the summons and complaint were received on 3/3/2025.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0 .

I declare under penalty of perjury that this information is true.

Date: 3/27/2025



Server's signature

Amy Yoon, Litigation Assistant

Printed name and title

48 Wall St., 15th Fl.
 New York, NY 10005

Server's address

Additional information regarding attempted service, etc:

Print

Save As...

Reset

9589 0710 5270 1906 4909 9

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Washington, DC 20530

Certified Mail Fee	\$4.85
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$1.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$19.15

Total Postage and Fees \$28.10

Sent To Pamela Bondj, U.S. Department of Justice

Street and Apt. No., or PO Box No. 950 Pennsylvania Ave., NW

City, State, ZIP+4® Washington D.C. 20530-0001

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

0070 CONT
26 2023
Postmark Here
VORIS, NY
02/26/2025

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pamela Bondi
Attorney General
U.S. Department of Justice
450 Pennsylvania Ave., NW
Washington, D.C. 20530-0001



9590 9402 8645 3244 2137 01

2. Article Number (Transfer from service label)

9589 0710 5270 1906 4909 92

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Mail Restricted Delivery (00) | |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt